

Exhibit A

Citation for Personal Service –RESIDENT NOTICE (CERTIFIED MAIL)

Case Number: **2019DCV-5387-G**

THE STATE OF TEXAS

ORIGINAL

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

TO: **Strata Claims Management, LLC**
211 E 7th Street
Austin Tx 78701

the Defendant,

GREETING: You are commanded to appear by filing a written answer to the **Plaintiff's Original Petition** at or before 10:00 o'clock a.m. of the Monday next after the expiration of 20 days after the date of service of this citation before the **Honorable David Stith, 319th District Court** of Nueces County, Texas at the Courthouse of said County in Corpus Christi, Texas. Said Petition was filed on the 29th day of October, 2019. A copy of same accompanies this citation.

The file number of said suit being Number: **2019DCV-5387-G**

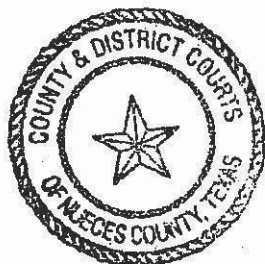
The style of the case is: **Satyanam Hospitality LLC dba Super 8 Corpus Christi vs. Peleus Insurance Company, Strata Claims Management, LLC, George Mares, et al**

Said Petition was filed in said court by **Ben Crowell**, attorney for Plaintiff, whose address is 2028 E Ben White Blvd Ste 240-2015 Austin Tx 78741 .

The nature of the demand is fully shown by a true and correct copy of the Petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly mail the same according to requirement of law, and the mandates thereof, and make due return as the law directs.

Issued and given under my hand and seal of said court at Corpus Christi, Texas, this 5th day of November, 2019.



ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401

BY: *Nadia R. Contreras*, Deputy
Nadia Contreras

RETURN OF SERVICE

2019DCV-5387-G

SATYANAM HOSPITALITY LLC
DBA SUPER 8 CORPUS CHRISTI

319TH DISTRICT COURT

VS.

PELEUS INSURANCE
COMPANY, STRATA CLAIMS
MANAGEMENT, LLC, GEORGE
MARES, ET AL

Name _____

ADDRESS FOR SERVICEStrata Claims Management, LLC
211 E 7th Street
Austin TX 78701**OFFICER'S OR AUTHORIZED PERSON'S RETURN**

Came to hand on the _____ day of _____, 20____, at _____ o'clock ____ m., and executed in _____ County, Texas by delivering to the within named defendant in person, a true copy of this Citation with the date of delivery endorsed thereon, together with the accompanying copy of the _____, at the following times and places, to-wit:

NAME	DATE/TIME	PLACE, COURSE & DISTANCE FROM COURTHOUSE
------	-----------	--

And not executed as to the defendant(s), _____
The diligence used in finding said defendant(s) being: _____

and the cause of failure to execute this process is: _____

and the information received as to the whereabouts of said defendant(s) being: _____

Fees:	_____	Officer
Serving Petition and Copy \$ _____	_____	County, Texas
Total \$ _____	By _____	Deputy

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF, CONSTABLE, OR CLERK OF THE COURT.

In accordance with Rule 107: The officer or authorized person who serves, or attempts to serve, a Citation shall sign the return. The signature is not required to be verified. If the return is signed by a person other than a sheriff, constable, or the clerk of the court, the return shall be signed under penalty of perjury and contain the following statement:

"My name is _____, my date of birth is _____, and my
(First, Middle, Last)

address is _____
(Street, City, State, Zip, Country)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

Executed in _____ County, State of _____, on the _____ day of
of _____, 20____.

Declarant / Authorized Process Server

ID# & Expiration of Certification

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ _____
- ☐ Return Receipt (electronic) \$ _____
- ☐ Certified Mail Restricted Delivery \$ _____
- ☐ Adult Signature Required \$ _____
- ☐ Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Post

\$

Sent To

Street and

City, State,

**Postmark
Here**

Strata Claims Management. LLC
Registered Agent: Corporation
Service Company d/b/a CSC-Lawyers

Inc.

211 E. 7th St., Ste 620

Austin, Texas 78701

ANNE LORENTZEN
DISTRICT CLERK



Certificate of
Return of Service

DISTRICT COURTS / COUNTY COURTS AT LAW

901 LEOPARD STREET, ROOM 313

CORPUS CHRISTI, TEXAS 78401

361 888-0450 Fax 888-0571

Cause Number 2019DCV-5387-G

Satyanam Hospitality LLC dba Super 8 Corpus Christi

vs.

Peleus Insurance Company, Strata Claims Management, LLC, George

Style: Mares, et al

Pursuant to the Texas Rules of Civil Procedure, the undersigned certifies this cause.
Service was issued:

To: George Mares

8144 Walnut Ln Ste 1490

Dallas TX 75231

On (Date Issued) 11/05/2019

and served on: 11/07/2019

or returned unserved _____

By Certified or Registered Mail. The returned receipt is attached to this form and was filed in this office on: 11/13/2019



ANNE LORENTZEN, DISTRICT CLERK

NUECES COUNTY, TEXAS

901 LEOPARD STREET, ROOM 313

CORPUS CHRISTI, TEXAS 78401

BY: Nicole Alvarado, Deputy
Nicole Alvarado

Date 11/19/2019

COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Your name and address on the reverse
let us return the card to you.

Put this card to the back of the mailpiece,
on the front if space permits.

Addressed to:

George Mares
44 Walnut Hill Ln., Ste 1490
Dallas TX 75231



590 9402 4827 9032 7862 08

Number (Transfer from service label)

7019 0700 0000 18372 0321

3811 Julv 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ A
☐ A

B. Received by (Printed Name)

Amanda Young

C. Date of

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Y
☐ N

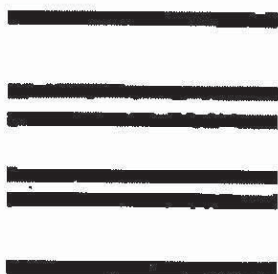
3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

Domestic Return

USPS TRACKING#



First-Class Mail
Postage & Fees
USPS
Permit No. G-10

590 9402 4827 9032 7862 08

United States
Postal Service

CLERK OF COUNTY
DISTRICT COURTS

2019 NOV 13 PM 12:13

• Sender: Please print your name, address, and ZIP+4® in this box •

Anne Lorentzen
Nueces County District Clerk
P O Box 2987
Corpus Christi, TX 78403

2019 DCV-5387-G

(C1+) MC



Citation for Personal Service –RESIDENT NOTICE (CERTIFIED MAIL)

Case Number: **2019DCV-5387-G**

THE STATE OF TEXAS

ORIGINAL

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

TO: **Engle Martin & Associates, LLC**
Registered Agent: CT Corporation
1999 Bryan St Ste 900
Dallas Tx 75201

the Defendant,

GREETING: You are commanded to appear by filing a written answer to the **Plaintiff's Original Petition** at or before 10:00 o'clock a.m. of the Monday next after the expiration of 20 days after the date of service of this citation before the **Honorable David Stith, 319th District Court** of Nueces County, Texas at the Courthouse of said County in Corpus Christi, Texas. Said Petition was filed on the 29th day of October, 2019. A copy of same accompanies this citation.

The file number of said suit being Number: **2019DCV-5387-G**

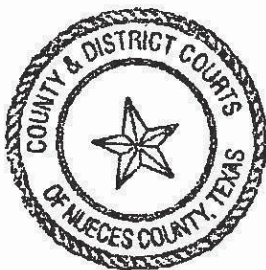
The style of the case is: **Satyanam Hospitality LLC dba Super 8 Corpus Christi vs. Peleus Insurance Company, Strata Claims Management, LLC, George Mares, et al**

Said Petition was filed in said court by **Ben Crowell**, attorney for Plaintiff, whose address is 2028 E Ben White Blvd Ste 240-2015 Austin Tx 78741 .

The nature of the demand is fully shown by a true and correct copy of the Petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly mail the same according to requirement of law, and the mandates thereof, and make due return as the law directs.

Issued and given under my hand and seal of said court at Corpus Christi, Texas, this 5th day of November, 2019.



ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401

BY: *Nadia R. Contreras*, Deputy
Nadia Contreras

RETURN OF SERVICE

2019DCV-5387-G

SATYANAM HOSPITALITY LLC
DBA SUPER 8 CORPUS CHRISTI

319TH DISTRICT COURT

VS.

PELEUS INSURANCE
COMPANY, STRATA CLAIMS
MANAGEMENT, LLC, GEORGE
MARES, ET AL

Name _____

ADDRESS FOR SERVICEEngle Martin & Associates, LLC
Registered Agent: CT Corporation
1999 Bryan St Ste 900
Dallas TX 75201**OFFICER'S OR AUTHORIZED PERSON'S RETURN**

Came to hand on the _____ day of _____, 20____, at _____ o'clock ____ m., and executed in _____ County, Texas by delivering to the within named defendant in person, a true copy of this Citation with the date of delivery endorsed thereon, together with the accompanying copy of the _____, at the following times and places, to-wit:

NAME	DATE/TIME	PLACE, COURSE & DISTANCE FROM COURTHOUSE
------	-----------	--

And not executed as to the defendant(s), _____
The diligence used in finding said defendant(s) being: _____

and the cause of failure to execute this process is: _____

and the information received as to the whereabouts of said defendant(s) being: _____

Fees:	_____	Officer
Serving Petition and Copy \$	_____	County, Texas
Total \$	_____	By _____ Deputy

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF, CONSTABLE, OR CLERK OF THE COURT.

In accordance with Rule 107: The officer or authorized person who serves, or attempts to serve, a Citation shall sign the return. The signature is not required to be verified. If the return is signed by a person other than a sheriff, constable, or the clerk of the court, the return shall be signed under penalty of perjury and contain the following statement:

"My name is _____, my date of birth is _____, and my
(First, Middle, Last)

address is _____
(Street, City, State, Zip, Country)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

Executed in _____ County, State of _____, on the _____ day of
of _____, 20____.

Declarant / Authorized Process Server

ID# & Expiration of Certification

7019 0700 0000 8372 0338

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (checkbox, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage

\$

Sent To

Street and A

City, State, &

Postmark
Here

Engle Martin & Associates, LLC

Registered Agent: CT Corporation

System

1999 Bryan St., Ste 900

Dallas TX 75201

ANNE LORENTZEN
DISTRICT CLERK



Certificate of
Return of Service

DISTRICT COURTS / COUNTY COURTS AT LAW

901 LEOPARD STREET, ROOM 313

CORPUS CHRISTI, TEXAS 78401

361 888-0450 Fax 888-0571

Cause Number 2019DCV-5387-G

Satyanam Hospitality LLC dba Super 8 Corpus Christi

vs.

Peleus Insurance Company, Strata Claims Managment, LLC, George

Style: Mares, et al

Pursuant to the Texas Rules of Civil Procedure, the undersigned certifies this cause.
Service was issued:

To: Andrew Skellie

1474 W Price Rd Ste 7-402

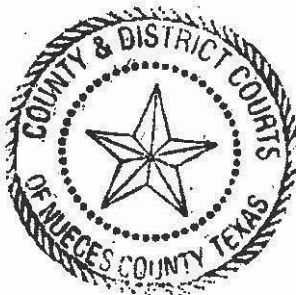
Brownsville TX 78526

On (Date Issued) 11/05/2019

and served on: 11/07/2019

or returned unserved _____

By Certified or Registered Mail. The returned receipt is attached to this form and was filed in this office on: 11/13/2019



ANNE LORENTZEN, DISTRICT CLERK

NUECES COUNTY, TEXAS

901 LEOPARD STREET, ROOM 313

CORPUS CHRISTI, TEXAS 78401

BY: Nicole Alvarado, Deputy
Nicole Alvarado

Date 11/19/2019

3. COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Your name and address on the reverse
at we can return the card to you.

In this card to the back of the mailpiece,
the front if space permits.

Addressed to:

Andrew Skellie

774 W. Price Rd., Ste 7-
402

Brownsville, TX 78526



1590 9402 4827 9032 7862 22

Number (Transfer from service label)

7014 0700 0000 8372 0345

73811. Julv 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ A
☐ A

B. Received by (Printed Name)

JOSE L. DE

C. Date of

11/7

D. Is delivery address different from item 1? ☐ Y

If YES, enter delivery address below: ☐ N

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Restricted Delivery

☐ Priority Mail Express

☐ Registered Mail

☐ Registered Mail Delivery

☒ Return Receipt Merchandise

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

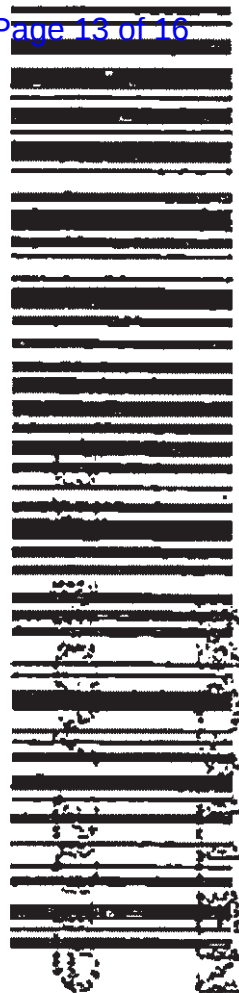
☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

Domestic Return

USPS TRACKING #



9402	4827	9032	7862	22
------	------	------	------	----

United States
Postal Service

• **Sender:** Please print your name, address, and ZIP+4® in this box.

Anne Lorentzen
 Nueces County District Clerk
 PO Box 2987
 Corpus Christi, TX 78403

7619DCV-5387 G

267



Print-Clas Mail
Postage & Fees
Printed
Form No. 10

Citation for Personal Service – Commissioner of Insurance

ORIGINAL

Case Number: 2019DCV-5387-G

THE STATE OF TEXAS

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

TO: **Peleus Insurance Company PO Box 469012 San Antonio TX 78246-9012**

the Defendant by serving in **DUPLICATE** copies to the COMMISSIONER OF INSURANCE, P.O. BOX 149104, MC 112-2A, AUSTIN, TEXAS 78714-9104.

GREETING: You are commanded to appear by filing a written answer to the **Plaintiff's Original Petition** at or before 10:00 o'clock a.m. of the Monday next after the expiration of 20 days after the date of service of this citation before the Honorable **David Stith, 319th District Court** of Nueces County, Texas at the Courthouse of said County in Corpus Christi, Texas. Said **Petition** was filed on the 29th day of October, 2019. A copy of same accompanies this citation.

The file number of said suit being Number: 2019DCV-5387-G

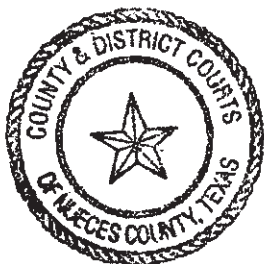
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Said petition was filed in said court by Ben Crowell attorney for Plaintiff, whose address is 2028 E Ben White Blvd Ste 240-2015 Austin Tx 78741.

The nature of the demand is fully shown by a true and correct copy of the Petition accompanying this citation and made a part hereof.

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Issued and given under my hand and seal of said court at Corpus Christi, Texas, this 5th day of November, 2019.



ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401

BY: Nadia R. Contreras, Deputy
Nadia Contreras

RETURN OF SERVICE

2019DCV-5387-G

SATYANAM HOSPITALITY LLC
DBA SUPER 8 CORPUS CHRISTI

319TH DISTRICT COURT

VS.

PELEUS INSURANCE
COMPANY, STRATA CLAIMS
MANAGEMENT, LLC, GEORGE
MARES, ET AL

Name _____

ADDRESS FOR SERVICEPeleus Insurance Company
PO Box 469012
San Antonio TX 78246-9012**OFFICER'S OR AUTHORIZED PERSON'S RETURN**

Came to hand on the _____ day of _____, 20____, at _____ o'clock ____ m., and executed in _____ County, Texas by delivering to the within named defendant in person, a true copy of this Notice of Petition to Suspend License with the date of delivery endorsed thereon, together with the accompanying copy of the _____, at the following times and places, to-wit:

NAME	DATE/TIME	PLACE, COURSE & DISTANCE FROM COURTHOUSE
------	-----------	--

And not executed as to the defendant(s), _____

The diligence used in finding said defendant(s) being: _____

and the cause of failure to execute this process is: _____

and the information received as to the whereabouts of said defendant(s) being: _____

Fees:

Serving Petition and Copy	\$ _____	_____	Officer
Total	\$ _____	By _____	County, Texas
			Deputy

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF, CONSTABLE, OR CLERK OF THE COURT.

In accordance with Rule 107: The officer or authorized person who serves, or attempts to serve, a Citation shall sign the return. The signature is not required to be verified. If the return is signed by a person other than a sheriff, constable, or the clerk of the court, the return shall be signed under penalty of perjury and contain the following statement:

"My name is _____, my date of birth is _____, and my
(First, Middle, Last)

address is _____
(Street, City, State, Zip, Country)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

Executed in _____ County, State of _____, on the _____ day of
of _____, 20____.

Declarant / Authorized Process Server _____

ID# & Expiration of Certification _____

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (checkbox; add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ _____
- ☐ Return Receipt (electronic) \$ _____
- ☐ Certified Mail Restricted Delivery \$ _____
- ☐ Adult Signature Required \$ _____
- ☐ Adult Signature Restricted Delivery \$ _____

Postage

Postmark
Here

\$ Total P. Peleus Insurance Company

\$ C/O Texas Commissioner

\$ Sent To Insurance

Street: P.O. Box 149104, MC 112-2A

City, St: Austin TX 78701